Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000341950 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : RC TAX SERVICE HC LLC

Account Number : I20200000165 Phone : (863)421-0617

Fax Number : (407)520-5473

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\* 🚡

Email Address: master retox he Ramail-com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BRIGHT CASTLE CONTRACTORS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

## **COVER LETTER**

TO:	Registration S Division of Co	ection rporations		
SUBJE	BRIGHT	CASTLE CONTRACTORS L	LC	
0.000		Name of Lin	nited Liability Company	
The enc	closed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
Please 1	return all corresp	ondence concerning this matter	r to the following:	
			JUAN DAVID GIL	
			Name of Person	<u> </u>
		BRIGI	HT CASTLE CONTRACTORS	LLC
		<del></del>	Firm/Company	
			11400 NW 67TH TER	
			Address	
			DORAL, FL 33178	
			City/State and Zip Code	<del> </del>
			.maldonadoadi@gmail.com	
For fire	her information a	concerning this matter, please o	to be used for future annual report n	onfication)
Juan Da		oncortaing this matter, prease t		
		f Person	305 748-5677 at () Aree Code Days	
	Name	r t cisur	Area Code Dayt	ime Telephone Number
Enclosed	d is a check for t	he following amount:		
<b>■ \$</b> 25.	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration 5 Division of C P.O. Box 632 Tallahassee, I	Section Orporations 7	Street Address: Registration S Division of C The Centre of 2415 N. Mont Tallahassee, F	orporations Tallahassce roe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BRIC	GHT CASTLE CO	NTRACTORS LLC	;		
(Name of the Limit	ed Liability Compa (A Florida Limited I	nv as It now appears Liability Company)	on our records.)	<del></del>	
The Articles of Organization for this Limited Li	ability Company	were filed on	07/22/2020	and assign	ned
Florida document number L20000216315	·				
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name of	the limited liab	ility company her	<u>ne:</u>		
E	RIGHT CASTLE	ROOFING LLC			
The new name must be distinguishable and contain the w	ords "Limited Liabil	ity Company," the des	signation "LLC" or the a	bbreviation "L.L.C	<u>. 19</u>
Enter new principal offices address, if applic	able:	N/A			<u>-</u>
(Principal office address MUST BE A STREE	T ADDRESS)			<u> </u>	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>	N/A		35 (35 ) 35 (35 ) - 30 <b>020 (</b>	11
B. If amending the registered agent and/or ragent and/or the new registered office address	egistered office a ss here:	address on our re	cords, <u>enter the nar</u>	ne of the new i	registered
Name of New Registered Agent:	N/A			5m (8)	
New Registered Office Address:	N/A		<del></del>		
		Enter Flori	da street address		
	N/A		, Florida		
		City		Zip Code	

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
N/A	N/A	N/A	□Add
			□Remove
			□Change
			□Add
			□Remove
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Maneton daen if askan skaa skaa d	Anna of Cities and the Cities and th	
in effective date is fisted, the date must t	be specific and cannot be prior to date of filing or more than 30 days after filing.) Pursuant to 60	5.020
ote: If the date inserted in this bloc ocument's effective date on the Der	ck does not meet the applicable statutory filing requirements, this date will not be lis partment of State's records	ted a
ecord specifies a delayed effective	date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day aft	er thi
OCTOBER 01	2020	
	Zuan Dart U	
5	ignature of a member of authorized representative of a member	
	JUAN DAVID GIL	
E. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more Note: If the date inserted in this block does not meet the applicable statutory filing re document's effective date on the Department of State's records.  If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on t record is filed.  Dated  OCTOBER 01  2020  Signature of a member or authorized representative of a		

Filing Fee: \$25.00